

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0000895

STATE FILE NUMBER

Registration District No. 17 Primary Registration District No. 3016 Registrar's No. 37

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 27 1966

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Length of stay in 1b <u>1 week</u>	c. CITY OR TOWN <u>Windsor</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>204 W. Jackson St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Audra</u> Middle <u>Mildred</u> Last <u>Martin</u>			4. DATE OF DEATH Month <u>January</u> Day <u>20</u> Year <u>1966</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-26-05</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Charles T. Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Belle Jolly</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-05-8535</u>		17. INFORMANT Address <u>Ernest Martin, Windsor, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Leuciomatosis (primary breast)

INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/25/64 to 1/20/66 and last saw her ^{him} alive on 1/20/66
Death occurred at 7:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ernest D. Sigabaka M.D.</u> (Deceased or title)	22b. ADDRESS <u>Jefferson City, Mo.</u>	22c. DATE SIGNED <u>1/23/66</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal burial</u>	23b. DATE <u>1-23-1966</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u>
23d. LOCATION (City, town, or county) <u>Windsor, Missouri</u>		23e. (State) <u>Missouri</u>
24. FUNERAL DIRECTOR <u>Ellis Huston, Windsor, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>1-25-66</u>	26. REGISTRAR'S SIGNATURE <u>Norma Miller</u>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

ITEM NO.	SHOULD READ	DATE AMENDED	AMENDED
1	0269		
2	0260		
3			
4	/		
5	/		
6			
7	/		
8	2		
9	170X		
10			
11			
12	2-0		
13	1-0		

JAN 28 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Debo Jr.

Licensed Embalmer No. 5308

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.